

RAUMATI BEACH SCHOOL

9 March 2017

Dear Parent & Guardians,

TE MOANA VC - YEAR 3 & 4 SLEEPOVER - THURSDAY 6 APRIL

COST: \$5.00

DUE: FRIDAY 24 MARCH 2017 – Give permission & pay on Kindo

Te Moana Year 3 & 4 are having their annual sleepover at school in the Learning Street on **Thursday 6 April to Friday 7 April**.

We are well underway with planning for the two days, with plenty of exciting activities on the agenda! As always, support from our community will help this great event run smoothly!

The cost of the Sleepover is **\$5.00**. This helps cover the cost of dinner, breakfast and any materials purchased for activities on the day. We will require a number of parent helpers on the day of the sleepover, including **2 parents from each class group** to stay overnight.

We will be having an activity day on Thursday at Otaihanga Reserve. More information about the timetable for the day and activities will follow soon. If you are able to help transport students to and from Otaihanga Reserve please let us know when you complete the permission on Kindo.

More information about the sleepover including the planned activities and what students will need to bring will come out shortly. Mark your diaries!

Please give your permission and make payment on Kindo – go to the Raumati Beach School website, click on the payments/permission menu, click on the link to take you to Kindo. You will find this activity in the “Trips, Events & Technology” menu.

Regards,

Victoria, Kirstin, Clare, Bobby, Kate, Natalie
TE MOANA 3 & 4 TEAM

SLEEPOVER PERMISSION FORM

We require **all** information to be completed thoroughly. Please ensure you have responded to all parts of this permission form.

I give permission for _____ Room ____ to attend the Te Moana Sleepover at Raumatī Beach School on Thursday 6 April and Friday 7 April 2017 , including travel to Otaihangā Reserve on Thursday 6 April .
<input type="checkbox"/> I have paid \$5.00
I am available to help with the following sessions: Yes / No Daytime activities on Thursday 6 April Yes / No 5 pm – 7 pm (dinner) Yes / No 6 - 8.30pm (evening activities) Yes / No 8.30 pm – 7 am (overnight to morning wake-up) Yes / No 7 am – 9 am (breakfast and packing up)
<input type="checkbox"/> I am able to transport _____ children to and from Otaihangā Reserve.
My child has the following allergies:
My child requires the following medication:
My child has / has not got a current tetanus injection (Please check with your child's doctor if you do not know):
Please add any information that you feel is important (eg, sleepwalking, bed-wetting, nervous about staying the night):
In the event of an emergency, I authorize the teacher in charge to make decisions in the best interest of my child. I agree to reimburse the school for any medical and associated charges incurred.
Signed _____ Date _____
Name _____
Contact telephone number Day _____ Evening _____
Emergency name and telephone number _____